

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
WESTERN DIVISION

K-mel T. Griffin

FILED  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.  
★ SEP 13 2019 ★  
LONG ISLAND OFFICE

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Case No: 19-CV-0107 (JS) (SIL)  
(To be supplied by the Clerk of this Court)

Officer Blum #3177

Ms. Fludd, Nassau County Correctional

Center

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

RECEIVED

SEP 13 2019

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CHECK ONE ONLY:

AMENDED COMPLAINT

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COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

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COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

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**I. Plaintiff(s):**

- A. Name: K-mel T. Griffin
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 19A1968
- D. Place of present confinement: Washington Correctional Facility
- E. Address: 72 Lock 11 Lane, P.O. Box 180 Comstock, NY 12821-0180

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Officer Blum #3177  
Title: C.O.  
Place of Employment: Nassau County Correctional Facility
- B. Defendant: Nassau County Correctional Facility-Medical  
Title: Medical -N-U Health  
Place of Employment: No.C.C.F
- C. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: 19-CV-0107-(JS) (SIL)
- B. Approximate date of filing lawsuit: 01-08-2019
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: K-mel Griffin
- D. List all defendants: Ms. Fludd, Nassau County Correctional Center, Medical at Nassau County Correctional Center, and inmates (EIE) Satellite
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): U.S. District Court, Eastern District of New York
- F. Name of judge to whom case was assigned: Judge Joanna Seybert
- G. Basic claim made: 25 million
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Still pending
- I. Approximate date of disposition: 01/07/18

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

- On December 11, 2018 a fight had broke out in-which I ended up getting stabbed numerous times. Correctional Officer Blum, Badge number 3177 was in the dorm area when it occurred and failed to break it up or use his state issued mace to stop my assailants.
- Nassau County Medical left me in my cell Bleeding for 6 and a half hours without any medical attention and left me with open wounds bleeding without any proper stitches.
- Failing to break up the altercation as it was happening.
- Failed at Care, Custody and Control
- Officer Blum Badge #3177 failed to get me medical attention as soon as possible after I got stabbed.
- Nassau County failed to put keep secrets on all parties after the incident.
- I seen the person who stabbed me plenty of times after.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

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VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 3<sup>rd</sup> day of September, 2019

Kemel Griffin

(Signature of plaintiff or plaintiffs)

Kemel Griffin  
(Print name)

19A1468  
(I.D. Number)

Washington Correctional Facility

72 Lock 11 Lane, P.O. Box 180

Comstock, New York 12821-0180  
(Address)

WASHINGTON CORRECTIONAL FACILITY

72 LOCK 11 LANE, P.O. BOX 180

COMSTOCK, NEW YORK 12821-0180

NAME: H-mel Griffin DIN: 99A1468

WASHINGTON



CORRECTIONAL FACILITY

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Eastern District of New York  
Pro Se office  
100 Federal Plaza  
11762  
NEW YORK, NY 10022